

Risk Identification Tool

Person's legal name: Paul Kiel

Date of last update: 09/05/2016

HEALTH AND MEDICAL

1. Aspiration (*check all that apply*):

Risk present? Yes No History SC/PA follow-up

- a. Diagnosis of dysphagia, or has been identified to be at risk for aspiration by a qualified medical professional
- b. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica
- c. Has a feeding tube
- d. Diagnosed with gastroesophageal reflux (GER) and the physician has identified the person at risk of Aspiration
- e. Complains of chest pain, heartburn, or have small, frequent vomiting (*especially after meals*) or unusual burping (*happens frequently or sounds wet*) and the physician has identified the person at risk of Aspiration
- f. Someone else puts food, fluids, or medications into this person's mouth

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of aspiration. (Check all that apply)

- g. Food or fluid regularly falls out of this person's mouth
- h. Coughs or chokes while eating or drinking (*more than occasionally*)
- i. Drools excessively
- j. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication
- k. Regularly refuses food or liquid (*or refuses certain food/liquid textures*)
- l. Needs his/her fluids thickened and/or food texture modified
- m. Eats or drinks too rapidly

Evaluation results: Risk present No risk Other (*see comments*)

Comments:

2. Dehydration (check all that apply):

Risk present? Yes No History SC/PA follow-up

- a. Asks for or routinely requires assistance to get something to drink
- b. Receives fluids through a tube
- c. Required intravenous (IV) fluids due to dehydration in the past year

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of dehydration. (Check all that apply)

- d. Takes medication known to cause dehydration and this person would not recognize or communicate if he/she were dehydrated
- e. Coughs or chokes while eating or drinking (*more than occasionally*)
- f. Drools excessively
- g. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication
- h. Regularly refuses food or liquid (*or refuses certain food/liquid textures*)
- i. Needs his/her fluids thickened and/or food texture modified

Evaluation results: Risk present No risk Other (*see comments*)

Comments:

3. Choking (check all that apply):

Risk present? Yes No History SC/PA follow-up

- a. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of choking. (Check all that apply)

- b. Eats or drinks too rapidly

- c. Stuffs food into his/her mouth
- d. Coughs or chokes while eating or drinking (*more than occasionally*)

Evaluation results: Risk present No risk Other (*see comments*)

Comments:

4. Constipation (*check all that apply*):

Risk present? Yes No History SC/PA follow-up

- a. Takes routine bowel medications for constipation or has taken “as needed” (prn) medications for constipation more than two times a month within the past year (*do not include fiber*)
- b. Required a suppository or enema for constipation within the past year

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of constipation. (Check all that apply)

- c. Has had more than one episode in the past year of complaining of pain when moving his/her bowels
- d. Has had more than one known episode of hard stool in the past year
- e. Takes a medication that causes constipation and this person would not recognize or communicate if he/she were constipated

Evaluation results: Risk present No risk Other (*see comments*)

Comments:

5. Seizures (*check all that apply*):

Risk present? Yes No History SC/PA follow-up

- a. Has a diagnosis of seizures or epilepsy and/or had a seizure within the past five (5) years
- b. Takes medication to control seizures and/or has taken medication to control seizures within the past five (5) years
- c. Has had a seizure in the past year. Address safety precautions e.g. driving, water safety, bicycle use, safety equipment, etc.

Comments:

Other health risks	Yes / No / History	SC/PA follow-up
6. Unsafe medication management: At risk of serious harm as a result of misuse of medication, medication overdose, frequently missing a medication dose, or lifestyle choices that conflict with medications (<i>diet, supplements, alcohol, other drugs or medications, etc.</i>)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
7. Complications of diabetes: Has a diagnosis of pre-diabetes or diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
8. Complications associated with (<i>list type of tube or ostomy</i>): Has an ostomy or tube, such as a urinary catheter, colostomy, etc.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
9. Unreported pain or illness: Does not report or is unable to describe pain, signs of illness, or where it is located	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
10. Lack of access to medical care: Transportation, geographical, financial, cultural, or other (<i>non-behavioral</i>) reasons exist that prevent medical care	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
11. Injury due to falling: Needs support to avoid an injury due to falling. Consider risk due to mobility or transfer support needs	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
12. Other serious health or medical issues: Consider any other important, serious health or medical issues. List specific additional risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Comments:

SAFETY

No risk identified in this section (*skip to next section*)

FINANCIAL

No risk identified in this section (*skip to next section*)

MENTAL HEALTH

No risk identified in this section (*skip to next section*)

BEHAVIOR

Risk	Yes / No / History	SC/PA follow-up
26. Physical aggression: Engages in behavior that is aggressive toward others	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
27. Self-injury: Engages in behavior that presents an immediate risk of tissue damage to the person, or any behavior that, if continued, presents a significant risk of tissue damage to the person in the near future. Self-injurious behavior may refer to any behavior that can cause tissue damage, such as bruises, redness, and open wounds.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
28. Property destruction: Engages in property destruction	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
29. Leaving supervised setting: Leaves or attempts to leave supervised settings and is unsafe to do so	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
30. Unsafe use of flammable materials: Engages in the unsafe use of flammable materials	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
31. Substance abuse: Abuse of alcohol or illegal drugs	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
32. Illegal behavior: Engages in any behavior that violates federal, state, or local laws	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
33. Court-mandated restrictions: Has any court mandated conditions or restrictions resulting from this person's behavior. If yes, list court order and date:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
34. Ingesting non-edible objects: Ingests non-edible objects or has a diagnosis of pica	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
35. Non-edible objects in mouth: Places non-edible objects in his/her mouth that may cause poisoning, aspiration or choking	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
36. Refusing medical care: Refused medical services, treatments, or medications or has required mechanical, physical, or chemical restraint to receive medical services or mental health care in the past year. Consider the person's capacity to make an informed decision.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
37. Extreme food or liquid-seeking behavior: Seeks, grabs, or stuffs food or consumes liquid in a manner that could cause harm. For example, for a person without teeth, it may mean that they will grab food that they cannot safely chew. <div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> <p><i>A current evaluation by a qualified professional is expected to determine if the person is at risk of extreme food or liquid-seeking behavior.</i></p> <p>Evaluation results: <input type="radio"/> Risk present <input type="radio"/> No risk <input type="radio"/> Other (see comments)</p> </div>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
38. Illegal or high risk sexual behavior: Engages in unsafe sexual behavior such as approaching others for sexual behavior that is unwanted/non-consensual; grabbing others' genitals; touching others' breasts; solicitation for sexual activity; unprotected sex with strangers; any of the following exhibited publicly: masturbation, fondling others, fondling self, talking about sexual activity or using sexual language, or walking into an area disrobed.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
39. Undesirable sexual behavior: Engages in sexual behavior that is not illegal but socially undesirable. Including: Touching paid providers in a sexually suggestive manner, soliciting sexual activity from paid providers or other professionals in their life, socially undesirable use of sexual language/talking about sexual activity, masturbating/fondling self in common areas of shared housing.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
40. Harm to animals: Engages in behavior that is harmful to animals	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
41. Use of objects as weapons: Uses weapons or objects in an attempt to injure self or others	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
42. Unsafe social behavior: Consider internet/texting/webcam/media safety risks, lack of awareness of boundaries with strangers, etc. Engages in behaviors that place the person at risk of being victimized or engages in behaviors that place others at risk of being exploited. Consider bodily safety and social interactions with strangers.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
43. Other behavior issues: Consider any other important, serious behavior issues at home or in any other setting. List specific additional behavior risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

EVALUATIONS

No evaluations used

CONTRIBUTORS

Name	Title/relationship
Paul Kiel	Person receiving services
Susie Kiel	mom
Kitty Fields	Personal Agent

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